



# Network Access Request Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

Create a New Account

Modify Existing Account

User Name/s

Delete Existing Account

(If bulk modifying, please  
separate with commas)

## GENERAL INFO

First Name	Hevis	M	<input type="checkbox"/>	Last Name	Lleshi	
Start Date	03/28/2011	Employment Status	Employee	End Date		
Division	Analytical Chemistry-Drug Lab			Supervisor	Charles Salemi	
Site	State Lab Institute		Room / Cubicle	362	Phone #	617-983-6631

## SECURITY ACCESS

(Convenient) Please give user same rights as: Lisa Glazer

User Groups:

Add - Remove

Access to folders.

None - Read Only - Full

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>

## E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account

Mailbox Size: Standard - 50 MB

Distribution Lists


Add - Remove	
<input type="checkbox"/>	<input type="checkbox"/>

## ADDITIONAL

The following may require additional forms  
Please check all that are required

Desktop Computer  
 Laptop / Notebook  
 BlackBerry

VPN  
 Mainframe Access  
 UAID

Other

Additional Software:  
(Photoshop, Visio, etc.)


Additional Applications:  
(MMARS, Meditech, etc.)

Drug Lab Access	

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

Requested By:

Annie Dookhan

Date

Apr 5, 2011

Approved By:

Date